

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

Registrar's No.

2609

-62-008120

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

FILED MAR 15 1962

1. PLACE OF DEATH

a. COUNTY

City

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN

St. Louis

Length of stay in 1b

3 Weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Deaconess Hospital

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Rolla

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

808 Ridgview road

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

DAVID

LINCOLN

GRAY

4. DATE

OF

DEATH

Month

Day

Year

1, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/10/1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

General Farming

11. BIRTHPLACE (City and state or country)

Phelps County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

David A. Gray

13b. MOTHER'S MAIDEN NAME

Julia Trogden

14. NAME OF HUSBAND OR WIFE

Rachel Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Rachel Gray 808 Ridgview rd., Rolla, Mo.

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis, primary site undetermined

INTERVAL BETWEEN

ONSET AND DEATH

6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

199.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

February 8, 1962 to March 1, 1962 and last saw him alive on March 1, 1962

Death occurred at

11:30 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Herbert C. Wiegand, M.D.

22b. ADDRESS

3720 Washington Blvd

St. Louis 8 Mo.

22c. DATE SIGNED

March 6, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3/2/1962

23c. NAME OF CEMETERY OR CREMATORY

Macedonia Cemetery

23d. LOCATION (City, town, or county)

Rolla, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Carl J. Glenn West 10th. st., Rolla, Mo.

25. DATE RECD. BY LOCAL REG.

MAR 7 1962

26. REGISTRAR'S SIGNATURE

Carl Smith. M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

3

4 0

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12 58-0

13

58

VS MAR 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Ralla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.